


Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/552,610-Conf. #6340
		Filing Date	September 14, 2008
		First Named Inventor	Gillian Smith
		Examiner Name	Y. D. Pak
		Art Unit	1652
		Attorney Docket No.	03981/0203467-USO
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) 555.00		

METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-0100	Deposit Account Name: Darby & Darby P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							Small Entity
							Fee (\$)
							Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							52 26
Each independent claim over 3 (including Reissues)							220 110
Multiple dependent claims							390 195
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
11 - 20 or HP		0 x 26.00 =		0.00		Multiple Dependent Claims	
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
7 - 7 or HP		0 x 110.00 =		0.00			
HP = highest number of total claims paid for, if greater than 20. HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
_____ - 100 =		_____ /50 =		_____ (round up to a whole number) x		_____ =	
							Fee Paid (\$)
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2253 Extension for response within third month							
							555.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	56,190
Name (Print/Type)	Shelly M. Fukawa	Date	November 14, 2008